IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ALABAMA SOUTHERN DIVISION

IN RE: BLUE CROSS BLUE SHIELD ANTITRUST LITIGATION (MDL NO. 2406) Master File No. 2:13-CV-20000-RDP

This Document Relates to Provider Track Cases

PROVIDER PLAINTIFFS' MOTION TO MODIFY THE ROLE OF THE SETTLEMENT ADMINISTRATOR

If this Court grants final approval to the Provider Plaintiffs' settlement with the Blues, the Settlement Claims Administrator will begin evaluating Settlement Class Members's claims in order to calculate the payments they will receive from the Net Settlement Fund. Inevitably, there will be disputes about who is entitled to payment, and the amount of the payment. Currently, the Settlement Agreement and proposed Final Approval Order give this Court jurisdiction over such disputes, but they do not specify a procedure for resolving them. The Provider Plaintiffs believe that the most efficient procedure would be to assign such disputes to the Settlement Administrator, who would take evidence and briefing as necessary, and make reports and recommendations to the Court. Separately, the Provider Plaintiffs seek to make explicit the Settlement Administrator's ability to work with experts and vendors to carry out his duties relating to financial management of the settlement.

BACKGROUND

Class Members who do not opt out of the Provider Plaintiffs' settlement are entitled to file claims for payment from the Net Settlement Fund and to receive valuable injunctive relief. When

¹ Capitalized terms not otherwise defined herein shall have the meaning given them in the Settlement Agreement, Doc. No. 3192-2.

the Provider Plaintiffs moved for preliminary approval of their settlement, they submitted a Plan of Distribution, which describes the procedures for calculating Settlement Class Members' payments. Doc. No. 3207-1 ("Plan of Distribution"). For Health Care Facilities, that procedure includes calculating Adjusted Allowed Amounts, which are "the Claimant's allowed amounts for the Blue Plans' Commercial Health Benefit Products," adjusted for "the relative effect of the Defendants' conduct on the Health Care Facility, compared to other Health Care Facilities." *Id.* at 4–6. For Medical Professionals, the procedure is similar but uses Points (which are based on Allowed Amounts) instead of Allowed Amounts themselves. *Id.* at 6–7.

In implementing the Plan of Distribution, disputes will arise about the ownership of claims. During the Settlement Class Period, hospital systems (who are among the largest class members in this case) bought and sold healthcare facilities from each other. Sometimes the sale of a facility included that facility's right to recover in this litigation, and sometimes it did not. Consistent with their duties to the Settlement Class, counsel for the Provider Plaintiffs have been working with Settlement Class Members on filing claims for payment from the Net Settlement Fund, and they know that some of these Settlement Class Members will file claims for facilities included in optout plaintiffs' exclusion requests.

In addition, it is likely that some Settlement Class Members will take issue with how their Adjusted Allowed Amounts or Adjusted Points were calculated. Health Care Facilities in particular may be dissatisfied with the data used to calculate their Allowed Amounts under the Default Method, *see* Plan of Distribution at 4, or they may dispute whether they have submitted sufficient information to support their Allowed Amounts under the Alternative Method, *see id.* at 4–5, 8.

The Settlement Agreement and the proposed Final Approval Order do not squarely address how these disputes should be resolved. The Settlement Agreement states that disputes relating to

the Settlement Agreement are subject to the Court's exclusive jurisdiction, but it does not specify how those disputes will be resolved (except for disputes within the scope of the Monitoring Committee's authority). Doc. No. 3192-2 ("Settlement Agreement") ¶ 67; see also Doc. No. 3311-13 ("Proposed Final Approval Order") ¶ 29. The Settlement Agreement gives the Settlement Administrator the responsibility to create a budget for settlement administration and implement financial controls, but not to decide disputes about the Plan of Distribution. Settlement Agreement ¶ 1(eeee). The Settlement Claims Administrator manages and administers the Plan of Distribution, but the Settlement Agreement does not assign it the right to decide disputes about the validity of exclusion requests, or disputes over the payment amount for a given Claimant. *Id.* ¶ 1(hhhh). The Plan of Distribution does provide that the Settlement Claims Administrator will decide disputes between Claimants over the ownership of a claim. Plan of Distribution at 8.

ARGUMENT

For disputes relating to the Plan of Distribution (other than disputes committed to the Monitoring Committee under the Settlement Agreement), it will be most efficient to assign one person to hear argument, take evidence, consult with Provider Co-Lead Counsel, and make a report and recommendation to the Court. Individuals have been appointed to this role in other settlements, including the Subscriber Plaintiffs' settlement in this case. Doc. No. 2931 at 92; *see*, *e.g.*, Doc. No. 9403, *In re Payment Card Interchange Fee and Merchant Discount Antitrust Litigation*, No. 05-md-1720 (E.D.N.Y. Sept. 3, 2024).

For this role, the Provider Plaintiffs recommend the Court-appointed Settlement Administrator, Edgar C. Gentle III. The Court has already noted Mr. Gentle's experience in claims administration as well as his intimate involvement in this case since its inception. Doc. No. 3225

at 13. The Provider Plaintiffs believe that Mr. Gentle is well positioned to review disputes and make recommendations to the Court.

Because disputes may vary by type and complexity, the Provider Plaintiffs do not believe that there should be a one-size-fits-all procedure for addressing disputes. Instead, the Settlement Administrator should be given discretion to set schedules for briefing, receiving evidence, hearing argument, and other procedures he deems appropriate. For each dispute, Mr. Gentle would submit a report and recommendation to the Court.

In order to maintain a consistent procedure across different types of disputes, the Provider Plaintiffs propose one change to the Plan of Distribution. Instead of committing disputes between Claimants to the Settlement Claims Administrator for a final decision, such disputes would be committed to the Settlement Administrator, who would issue a report and recommendation.

Separately, the Provider Plaintiffs seek to make explicit that the Settlement Administrator, who is responsible for financial management of the settlement, may interface with experts and vendors needed to carry out this process, obtain necessary databases and algorithms, and develop budgets for experts and vendors and carrying out one or more RFPs, to obtain the best administrative value for the Settlement at an optimal cost.

The Settling Defendants do not oppose the relief sought in this motion.

CONCLUSION

For the foregoing reasons, the Court should empower the Settlement Administrator to resolve disputes as set forth in the attached proposed order.

Respectfully submitted this the 23rd day of May, 2025.

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